



GARAGE APPLICATION

General Information – These questions to both Dealer and Service Operations

Effective Date: _____

1. Your Name _____ Phone No. _____
(dba) _____

2. Mailing Address _____

3. Your Web Address _____

4. Location #1 Address _____

5. Location #2 Address _____

Is there work done elsewhere? i.e.; Roadside? _____ Customer's business location? _____

6. How long have you been in this type of business? _____

7. Type of Legal entity: ☐ Corp. ☐ Partnership ☐ Individual ☐ Limited Liability Corp. ☐ Other

8. Applicant's Business _____

Vehicles Repaired Or Sold

	Repair	Sales
<input type="checkbox"/> Private passenger cars, pick-up trucks, vans	%	%
<input type="checkbox"/> Sport Utilities	%	%
<input type="checkbox"/> Motor homes	%	%
<input type="checkbox"/> Motorcycles, Motorbikes, ATV's, Jet Ski's	%	%
<input type="checkbox"/> Utility trailers	%	%
<input type="checkbox"/> Semi trailers	%	%
<input type="checkbox"/> Boats-Hull	%	%
<input type="checkbox"/> Boats-Motors	%	%

	Repair	Sales
<input type="checkbox"/> Trucks ≤ 20,000 # GVW	%	%
<input type="checkbox"/> Trucks > 20,000 # GVW	%	%
<input type="checkbox"/> Truck tractors, 5 th Wheels	%	%
<input type="checkbox"/> Farm Equipment	%	%
<input type="checkbox"/> Recreational vehicles	%	%
<input type="checkbox"/> Other Description of other vehicle	%	%
	%	%
<input type="checkbox"/> Total	100%	100%

Service Work. Identify by percentage the amount of each type of service work from the list below

<input type="checkbox"/> Body/Paint	%
<input type="checkbox"/> Brakes	%
<input type="checkbox"/> Oil & Lube	%
<input type="checkbox"/> Radiator	%
<input type="checkbox"/> Electrical	%
<input type="checkbox"/> Radiator	%
<input type="checkbox"/> Tune-up	%
<input type="checkbox"/> Window Tinting	%
<input type="checkbox"/> Muffler	%
<input type="checkbox"/> Valet Parking	%
<input type="checkbox"/> Car Wash <input type="checkbox"/> Attended <input type="checkbox"/> Self serve	%
<input type="checkbox"/> Gasoline/LPG Sales	%

<input type="checkbox"/> Lift Kit Installation	%
<input type="checkbox"/> Suspension (not lift kits)	%
<input type="checkbox"/> Hydraulics	%
<input type="checkbox"/> Hitches	%
<input type="checkbox"/> Detail	%
<input type="checkbox"/> Transmission	%
<input type="checkbox"/> Sound System/Alarms	%
<input type="checkbox"/> Windshield	%
<input type="checkbox"/> Performance Upgrades	%
<input type="checkbox"/> Other:	%
<input type="checkbox"/> Description of other service work	%
Total	100%

9. Explain any other business, owned by you _____

10. Do you loan any vehicles? ☐ Yes ☐ No If **yes**, explain _____

11. Do you modify, rebuild or perform conversions on vehicles? ☐ Yes ☐ No If **yes**, please explain _____

12. Do you perform any frame straightening? ☐ Yes ☐ No If **yes**, please answer the following questions:

a. ☐ Laser Measuring device ☐ Optical Measuring device ☐ Mechanical Gauge

b. Do you buy salvage for reconstruction? ☐ Yes ☐ No

c. Do you repair vehicles with damage totaling more than 60% of the ACV of the vehicle? ☐ Yes ☐ No

13. Do you own or sponsor a race car? ☐ Yes ☐ No
14. Do you perform any work on airbags (including any deactivating) or breathalyzers? ☐ Yes ☐ No
15. Do you repossess autos? ☐ Yes ☐ No
16. If you perform repairs/service on motorcycles, please complete BG-GA-477, Motorcycle Service & Repair Supplement.
17. If you sell or service tires, please complete BG-GA-478, Tire Sales and Installation Supplement.
18. If you perform valet parking, please complete form BG-GA-390, *Valet Parking Supplemental Application*.
19. Welding? If yes, explain: _____
20. Do you tow? For Hire % Rotation % Repo %
21. Do you have a storage lot on premises? ☐ Yes ☐ No
22. Do you dismantle autos or have salvage operations? ☐ Yes ☐ No

If you are a Dealer, please answer the following questions:

1. Do salespeople accompany customers on demonstration rides? ☐ Yes ☐ No
2. What radius do you drive or transport vehicles from your location? ☐ Less than 300 miles ☐ 300 – 500 miles
☐ 501 – 1000 miles ☐ Over 1,000 miles
3. How do you transport or drive away vehicles?
- | | | | |
|---------------------|--|---------------------------------|--|
| Own Tow Truck | <input type="checkbox"/> Yes <input type="checkbox"/> No | Car Hauler Contracted by Others | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tow Bars or Dollies | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tow Trucks Contracted by Others | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Own Car Haulers | <input type="checkbox"/> Yes <input type="checkbox"/> No | Temporary or Contract Drivers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
4. Is insured a "buy-here/pay here" operation? ☐ Yes ☐ No If yes, when is title transferred? _____
5. How many vehicles are sold per year? _____
6. Do you sell salvaged title autos? ☐ Yes ☐ No
7. If you are an auto dealer, when relinquishing a sold vehicle to the customer, do you confirm that they carry personal auto liability insurance? ☐ Yes ☐ No
8. Where do you get the vehicles you sell? _____

The following questions **apply to ALL applicants:**

Security and Protection

1. Describe your lot protection (each location) i.e.: How are vehicles stored? _____
2. If you have a spray booth, is it UL approved? ☐ Yes ☐ No If no does risk have explosion proof lights, outside ventilation and bay separation? ☐ Yes ☐ No
3. Is your lot well lit at night? ☐ Yes ☐ No
4. Are signs posted to keep customers from the work area? ☐ Yes ☐ No
5. Are Firearms kept on the premises? ☐ Yes ☐ No
6. Is your lot patrolled by a security guard? ☐ Yes ☐ No Is the guard armed? ☐ Yes ☐ No
Do you have any other security devices, i.e., cameras, alarms? If yes, please describe _____
7. Do you have any animals on premises? ☐ Yes ☐ No
8. Do you leave keys in vehicles? ☐ Yes ☐ No
9. Describe how keys are controlled _____
10. Describe how plates are stored/secured _____

Prior Insurance and Loss History Information (3 Year)

Policy Year	Premiums Paid	Previous Carrier	Description of Loss	Amount Paid	Amount Reserved

****LOSS RUNS REQUIRED ON GARAGE RISKS WITH 8 (EIGHT) OR MORE EMPLOYEES****

11. Has similar insurance ever been cancelled, declined or refused for renewal? ☐ Yes ☐ No If yes, explain: _____

List All Employees (Include any non-employee or family members furnished an auto)					
	Name	Date of Birth	License No./ State	Moving Violations Last Three Years	Accidents Last Three Years
1					
2					
3					
4					
5					
	Job Duties (e.g., mechanic, clerical, detail, sales or lot person)		Full Time	Part Time (20 hrs or less per week)	Furnished a Car?
1					
2					
3					
4					
5					

****IF ADDITIONAL EMPLOYEES, PLEASE ATTACH SEPARATE LIST****

Coverage

Garage Liability Limits

- Combined Single Limit \$_____ Other Than Aggregate \$_____ (3,000,000 maximum)
- Medical Payment Limit per person \$_____
 - ☐ Premises only ☐ Auto only ☐ Premises and Auto
- Do you desire Uninsured/Underinsured Motorist Coverage? (for requirements, check state status)
 - ☐ Yes ☐ No If yes, limit(s) desired \$_____ **NOT AVAILABLE ON SERVICE RISKS**
 - If required by state, please complete, sign and attach proper form for selection or rejection of coverage.
 - Number of Dealer Plates _____ Transporter Plates _____ Other (please describe) _____
- Do you desire Personal Injury Protection Coverage (for requirements, check state statutes) ☐ Yes ☐ No
 - NOT AVAILABLE ON SERVICE RISKS**
 - If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

Garagekeepers (for Customers Cars in your Care, Custody and Control) ☐ Legal Liability Only

- Limit of Liability at Location #1 \$_____ Limit per vehicle \$_____
 - Limit of Liability at Location #2 \$_____ Limit per vehicle \$_____
- ☐ Specified Causes of Loss **OR** ☐ Comprehensive Deductible per auto \$_____
- Collision Coverage Deductible per Auto \$_____

On Hook (Coverage for vehicle in tow when insuring the Tow Truck)

- Note: Limit per vehicle should match Garagekeepers per vehicle coverage (if that coverage is provided).

Unit Description	Limit On Hook Coverage	Deductible

9. Schedule of Covered Autos (Dealers only)

List any owned tow truck, car hauler, or service vehicle to be insured.

Unit #	Year, Model, Serial Number	Body Type	Where Garaged	Radius	Physical Damage Stated Amount	Deductible

Loss Payable Name and Address (advise which unit this applies to) _____

Dealers Open Lot (coverage for damage to your autos)

10. Limit of Liability at Location #1 \$ _____ Limit of Liability at Location #2 \$ _____
Limit of Liability per auto \$ _____

11. ☐ Fire & Theft ☐ Specified Perils of Loss ☐ Comprehensive
Deductible per auto \$ _____

12. Blanket Collision (total for all listed locations) Limit \$ _____
Deductible per auto \$ _____

13. Interests covered: (check all those that apply) ☐ Your interest in covered "autos" you own ☐ Your interest only in financed covered "autos" ☐ Your interest and the interest of any creditor named as loss payee ☐ All interests in any "auto" not owned by you or any creditor while in your possession on consignment.

13. **Fire Legal** Limit of Liability ☐ \$50,000 ☐ \$100,000

14. **Broadened Coverage**

Limits of Insurance

Personal Injury and Advertising Injury \$ _____

Fire Legal \$ _____

15. **Building, Personal Property, Inland Marine, and General Liability (only available in some states).** If coverage is selected, please complete and attach Acord Application.

16. List any Additional Insureds to be named and advise what their interest is in this operation.

Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Applicant's Signature/Title

Date

Witness

Date

Agent

Are you personally familiar with this Applicant's operations? ☐ Yes ☐ No

Did your office control this risk in the past? ☐ Yes ☐ No

Agent's or Broker's Name

Telephone Number

Agent's Signature

Address

Date

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.